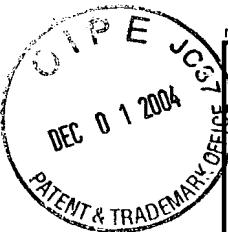


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          | Docket Number (Optional)<br>PD990096 |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
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| In re Application of Jurgen ENGESSER et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| Application Number 09/738963                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          | Filed December 15, 2000              |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| For Search Mode For A D-VHS Recorder <b>RECEIVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| Group Art Unit 2616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          | Examiner Alicia M. Duggins           |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr> <tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$_____</td></tr> <tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$_____</td></tr> <tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$_____</td></tr> <tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$_____</td></tr> <tr><td><input type="checkbox"/></td><td>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>A check in the amount of the fee is enclosed.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u>.<br/>I have enclosed a duplicate copy of this sheet.</td><td></td></tr> </tbody> </table> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). 36,316.</p> <p>Should the extension period requested be inadequate for providing a timely response please extend the time by the appropriate period needed, not to exceed the statutory limit.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>November 29, 2004</p> <p>Date</p> <p><i>Francis A. Davenport, Jr.</i><br/>Signature</p> <p>Francis A. Davenport, Reg. No. 36,316<br/>(609) 734-6805</p> <p>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p> |                                                                                                                                                                                                          |                                      | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$_____ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$_____ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$_____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$_____ | <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____. |  | <input type="checkbox"/> | A check in the amount of the fee is enclosed. |  | <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. |  | <input type="checkbox"/> | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. |  | <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> .<br>I have enclosed a duplicate copy of this sheet. |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | One month (37 CFR 1.17(a)(1))                                                                                                                                                                            | \$110                                |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Two months (37 CFR 1.17(a)(2))                                                                                                                                                                           | \$_____                              |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Three months (37 CFR 1.17(a)(3))                                                                                                                                                                         | \$_____                              |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Four months (37 CFR 1.17(a)(4))                                                                                                                                                                          | \$_____                              |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Five months (37 CFR 1.17(a)(5))                                                                                                                                                                          | \$_____                              |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.                                                  |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A check in the amount of the fee is enclosed.                                                                                                                                                            |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                       |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The Commissioner has already been authorized to charge fees in this application to a Deposit Account.                                                                                                    |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> .<br>I have enclosed a duplicate copy of this sheet. |                                      |                                     |                               |       |                          |                                |         |                          |                                  |         |                          |                                 |         |                          |                                 |         |                          |                                                                                                                                                         |  |                          |                                               |  |                          |                                                    |  |                          |                                                                                                       |  |                                     |                                                                                                                                                                                                          |  |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.